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ORIGINAL ARTICLES.

The Doctor and Child.

BY A. B. MCCANDLESS, M.D., HOLTON, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

When we reflect carefully upon the multitudes of painful and dangerous maladies to which children are subject from the earliest period of existence, and by which so large a percentage are annually carried away, the importance of thorough study of the subject, and systematic instructions to mothers must be important. Many, perhaps a majority of serious or fatal cases, might be avoided by proper attention to those external agents to whose influence the child is subjected from the time of its birth, and which, while they are essential to its existence, become, by mismanagement, the cause of nearly all its diseases.

The doctor cannot be regarded as fulfilling all his duties when he neglects to point out and urge the use of those means and methods by which the occurrence of disease may be prevented, as well as those adapted to remove when disease is already present. I want to emphasize this thought (and it will not be disputed) that a very large proportion of the suffering of infancy is the result of errors attributable to parents. And in this connection I want to emphasize the doctor's responsibility toward the child. Imagine yourself sitting by the bedside of the parturient woman in your moments of intense anxiety. With the advent of the child come new cares and responsibilities to mother and doctor. He becomes the guardian, as to professional advice, of another immortal being. I take for granted that the inquiry comes to every thoughtful, conscientious doctor at such a time, what is my duty toward this child? Doctor, I hope you will not for one moment cherish the idea that when you have completed the duties of accoucheur your responsibility ends. By no means. The new arrival enters upon another state of existence, subjected to such conditions as may probably interefere with health. In aiding the doctor in the discharge of his duties, and meeting the measure of his responsibility, I present a few simple thoughts:

1. The child requires a sufficient amount of pure fresh air. Enjoin upon the mother and nurse the vital importance of this fact. That the child be furnished at stated times with a proper quantity and quality of pure fresh air to carry on properly the function of respiration. As soon as the child is old enough, it should be daily carried out that it may receive the benefit of thoroughly oxygenized air.

2. The child must be kept clean. Cleanliness is unquestionably an important factor in maintaining good health, and here the old familiar adage is appropriate, "Cleanliness is next to godliness." The function of the skin, and the intimate relation existing between it and every other part of the body, points out very clearly the necessity of guarding whatever tends to impede its free and healthful action. Says an old authority (and one we delight to follow): "I consider bathing as the grand arcanum of sustaining health, on which account during infancy it ought to be regarded as one of the most sacred maternal duties, the performance of which should not be neglected for a single day." This duty should be emphasized by the family physician as to temperature,

frequency, etc.

3. Clothing is another important consideration in the care of the child. Three points under this head I regard as of great importance, viz., lightness, simplicity and looseness. Clothing as light as is consistent with due warmth, will neither encumber the child nor cause any waste of its vitality, a matter of great importance in after and progressing life. The character and amount of clothing worn during infancy should be such as to preserve in every portion of the body a sufficient and equable warmth. The younger the child, the warmer should it be clothed, and care be taken that every part of the body be protected.

4. Food. The most important duty the doctor owes the child is to see that it is well and properly fed. The mother's milk is the natural food for her child. Nature does not afford, nor can art supply, a substitute of equal value. In order that the mother may be enabled to furnish the proper amount and and character of milk for her child, I regard it of much importance that her doctor give her suitable instruction along this line. I am persuaded gentlemen and ladies, if we were conscientiously careful in following the law that nature has enacted on this subject, it would save *us* from many mistakes, and the child from many an ache. How fortunate the child in this day of so-called civilization and fashionable city living, that can draw from the breast of a healthy, robust, cheerful mother an abundant supply of pure, health-giving, tissue-building food. I contend that every mother should feed and nourish her child solely from her breast, unless contra-indicated by some previously existing disease. Doctor, will you allow me to urge very earnestly, that it is your duty to advise your patron (the expectant mother) to properly prepare herself for the healthful discharge of maternal duties. A very excellent authority on this subject presents this thought, which I heartily endorse: "The expectant mother should begin early in the period of gestation to eat at least three times daily some form of coarse cereal food, viz., oatmeal, graham or cornbread, etc. These articles, prepared from the unbolted products of the grain used, contain a much larger proportion of the lime salts than the preparations of fine bolted flour of ordinary employment." With what result? She supplies her treasure *in utero*, through the umbilical cord and *afterwards* the mammary glands, with a natural form of nourishment containing essential elements for the nutrition of her child. Many mothers, especially when young, make a great mistake by feeding or nursing the child to pacify it. The child does cry from hunger, but from pain also. How will the young mother know? Doctor, tell her how she may readily distinguish, and thus avoid a mistake on her part, and probably additional pain on the part of the child. Let me make a suggestion, not new, but good and true. The cry from hunger usually begins after a sound sleep, when the child has no fever. It ceases when the child sees the medium of supply, an expression of great pleasure is assumed, the hands are clinched, the legs flexed, and the child takes hold with delight, and immediately proceeds to business in a business-like manner. The cry of colic is violent and paroxysmal. Face livid, and presents an expression of suffering; the abdomen is distended and hard, the feet and hands cold; the legs are drawn up and kicked violently about, and an explosion is liable to bring relief. The cry of hunger must be relieved by giving nourishment, but this is the worst thing to do under other circumstances, because liable to produce mischief. The pain of colic and discomfort of indigestion are chiefly due to the accumulation of gas, resulting from the fermentation of food. Mothers and the child as well, soon learn that the breast milk will temporarily relieve pain. This it does in the same way as any other warm liquid, but unlike a simple liquid, milk only adds to the already fermenting contents of the gastro-intestinal canal, and every additional quantity is followed by more pain, and between crying and nursing the child has a miserable time.

Remedy. Decrease the frequency and quantity in feeding, by increasing the intervals between the nursings and abridging the time spent at the breast. There are two

factors in life—essential principles, which apply from the earliest period until death ends the chapter, viz., supply and waste. By a careful and critical study of these principles, and application of them in our professional daily duties, we can do much to prevent the complaints and diseases peculiar to childhood. If these principles are religiously observed we have health, if not disease. It is a universally conceded fact that the natural tendency of disease is to health. The natural or physiological condition of life is health; the unnatural or pathological is disease. In the physiological we have the vital forces in harmony, vital affinity complete. In the pathological we have decrease of vital affinity and increase of susceptibility; a conflict is inaugurated, an enemy invades the citadel. Nature's laws come to the rescue, and an effort is at work to restore the vital affinity. I repeat, the natural tendency of disease is to health. I have purposly omitted a course of medication in the sick child, believing as I do, if the doctor feels the measure of responsibility as an advisor, he will prevent much of the suffering of children, and bring down upon his head the blessings of mothers who will appreciate his services as such. In concluding my remarks, will very briefly recapitulate the points I would impress upon the mind:

1. Pure fresh air.
2. Scrupulous cleanliness.
3. Proper clothing properly used.
4. Food, proper in quality and quantity.
5. Plenty of good sound sleep.
6. Well regulated exercise.
7. No medication unless absolutely demanded.

Ventral Fixation of the Uterus in Retroversion.

BY J. T. AXTELL, NEWTON, KAS.

Displacement of the uterus do not in themselves constitute disease. Every one with experience has seen marked cases of retroversion with no symptoms of any disease whatever. At the same time it cannot be denied that the changes in circulation resulting from displacement may cause alterations in nutrition, and may favor or preserve inflammations in or around the uterus.

Prolapse of the adnexa which so frequently accompanies misplacements is a fruitful source of a long train of reflex nervous symptoms. The adhesions which form as a result of inflammations fix the uterus in its faulty position, and add to the nervous troubles as well as perpetuating them.

When no adhesions have formed, and the uterus can be readily replaced, the symptoms may often be relieved by replacing the uterus and holding it in position by a Hodge or Albert Smith pessary. That a cure could be effected in this way, however, is not to be expected. Alexander's operation of shortening the round ligaments is better, and is indicated where the uterus is readily replaced. It is often followed by relapse, however, and even its author recommends that it be supplemented by a pessary for many months.

But there is a very large class of cases where adhesions have formed, and where it is unsafe or impossible to replace the uterus by manipulation. It is in these cases that ventral fixation seems the best operation.

Opening the abdomen and stitching the uterus to the abdominal walls, in itself causes no appreciable shock, is followed by no pain, and should not in ordinary cases have any mortality. Where many adhesions exist the shock will be in proportion to their extent. But certainly it gives the operator every advantage in breaking them up, for he has the use of his eyes, and his fingers act directly upon the organs involved, and not blindly, as is the case when this is attempted through the rectum, or vagina, or abdominal walls. The advantage of being able to examine the tubes and ovaries, and to remove them if found diseased is not to be overlooked.

Three years ago I did two ovariotomies, both of which were complicated with retroversion. In one case I did a ventral fixation, using silk worm gut sutures, and in the other case I simply removed the ovaries and

tubes, and left the uterus alone.

I have had an opportunity to watch both cases, and the one in which the ventral fixation was done has been better able to stand and walk, and has made better recovery than the other one. Where fixation was used, the uterus makes its regular excursions on breathing, and the position is perfect.

In the other case while the uterus has become very small, it is still retroverted, and the patient experiences relief and improvement by having the uterus replaced and wearing a Hodge pessary.

Since that experience I stitch every retroverted uterus when the ovaries are removed. My experience with different material for sutures may be worth relating.

In August, of 1895, I operated on a patient 45 years of age, with retroversion of long standing. The uterus was very large, and the adhesions very strong and extensive. Metorrhagia was very profuse. Heavy cat-gut was used for stitches, and the parts were well scarified. Relief was immediate. The uterus decreased in size, the flowing ceased, and the patient was able to walk long distances—something she had been unable to do for years. This lasted for about six months when the old symptoms gradually began to return. An examination showed that my cat-gut stitches had given away, and the uterus was in its old retroverted position. A second operation with more permanent suture material has been more successful. In two of my cases where silk was used for suture small sinuses have formed and continued for several months.

In one case in which three silk sutures were used, two of them came away before the sinus healed. In the other case the sinus healed after three or four months, but the suture was not seen to come away. No trouble has ever been found after using silk worm gut, burried and left in place, and this is my favorite suture. It is non-irritating and easily sterilized.

One patient with retroversion had a severe inflammation of the bladder, which had resisted all kinds of treatment, and had kept her in bed for three months with most intense suffering. All of which was very soon relieved with a ventral fixation.

Another had severe and persistent pains in the back and inability to walk, which had lasted for many years. No trouble except retroversion was found. The pains in the back were immediately relieved on operation, and as soon as she was allowed to be up she was able to walk without pain.

In a case of amenorrhœa of four years' standing in a young woman of about 22 years of age, the ovaries were found healthy, but the uterus was retroverted. In three weeks after a ventral fixation she menstruated, and has continued to do so every since, while her general health, strength and appearance have very greatly improved.

In most cases of retroversion some endometritis exists, and a curettage should be done before ventral fixation. I regret that my experience with pregnancies following this operation is very limited, and hope this point may be brought out in the discussion.

Care should be taken that the suture is not passed too deeply through the uterus, as it might enter the uterine cavity, and thus become infected. Where a possibility of subsequent pregnancy exists it is recommended to pass the sutures well on the anterior part of the uterus, and not too near the fundas, as the principal growth of the uterus in pregnancy is in the body and not in the cervix.

To recapitulate I would say:

1. While avoiding the extreme that all female troubles come from displacements of the uterus, even some obscure ones may do so, such metrorrhagia, menorrhagia, amenorrhœa, cystitis, persistent pains in the back and inability to walk.

2. Where adhesions exist with retroversion ventral fixation is the best operation.

3. In all ovariotomies with retroversion use ventral fixation.

4. Where the uterus is large and heavy, cat-gut is not a good suture.

Silk worm gut is less irritating than silk, and more easily disinfected than either silk or cat-gut and makes the best suture.

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COLLABORATORS:

J. E. MINNEY, A.M., M.D., Topeka, Kas.
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JOS. B. CONNELL, B.S., LL.B., M.D., Kansas City, Mo.

Topeka, Kansas, Saturday, Sept. 25, 1897.

The "Dispensary Abuse" from Another Standpoint.

The Post Graduate has always conceded that there is a certain proportion of abuse of these charities in the very nature of things, but that this abuse is not a very crying one. The attending physicians and surgeons, who are, all of them, if not in pressing need of professional fees, at least desirous of obtaining them, and sufficiently alert to prevent many well-to-do people from securing their services for nothing, will treat only the deserving poor.

There is a difference of standard as to what constitutes ability to pay a doctor. The poor young man, just out of the medical college, with no possessions and very little income in sight, is apt to look upon a nurse, a governess, or school teacher, or clerk, who may from the nature of their calling wear good clothing, but who may have just enough money to keep body and soul decently together, as persons able to pay for medical advice. Just so a thrifty mechanic who by industrious habits and temperance, is able to comfortably clothe and feed his family, but who never has fifty dollars in the saving bank, may be considered by the same authority as well able to pay a medical fee.

And so are these people sometimes, if the fee be moderate and not too frequently required, but if the head of the family becomes ill, or his or her eyes give out, or the mother is stricken with fever, the children dependent on the care of friends or relatives, or if the governess, or the clerk lose their positions, if even for a month, the whole situation is changed, and they become objects, not of aid thrown them as to hungry animals, but of the beneficient care of the profession, which does not make the securing of a large increase the first object of existence.

The *Post-Graduate* in its extenuation of the dispensary abuse has touched a point upon which we believe a great majority of physicians cannot agree with them. The nurse, the clerk, the school teacher, in fact any one who draws a salery can pay for medical service, the same as they pay for groceries or other necessaries. They may not be able to pay a large cash fee, but they can pay a fee for services rendered if given time and encouraged to do so. There is no profession and no class of business men who do so much charity work as ours, and it is usually our own fault, because we have educated the people to pay their doctor when they have money they cannot use some other way. The young phyfician depends upon this class for his support, and it is certainly unjust that th e wealthy men in the profession should deprive him of it by inaugurating an indiscriminate dispensary practice, which many times is wholly for his own agrandizement.

THE treatment of skin diseases is often

unsatisfactory to the general practitioner. The skin is a complex structure, composed of glands, blood vessels, nerves, lymphatics, connective tissue, muscles, and elastic cells, and of both living and lifeless protoplasm. The functions of the skin are various and often supplementary. As a respiratory center it is analogous to the lungs, its blood vessels are near the atmospheric air by which there is an interchange of gases. About 130 times as much carbon-dioxide passes through the lungs as through the skin. The skin supplements the kidneys—urea and uric acid crystals are found in the perspiration when there is deficient action in the kidneys. The skin serves as a protection to all the other organs in the regulation of temperature, and also protects the deeper tissues from injuries. In its supplementary function its blood may be deficient in quantity and poor in quality, or the blood may contain some morbific agent of gout or rheumatism which produce eruptions upon the skin and would be obnoxious to the tissues if assimilated. In many instances the skin eruption is the result of local irritation. In children skin eruptions are the result of poor assimilation and bad hygienic conditions. In many cases the disease on the skin is traceable to occupation; again they seem to depend upon some peculiarity of the skin itself. Skin diseases are almost infinite in number and variety and require much study and experience in their management.

Ocular Inspection of the Urine.

The urine is a complex and variable composition. It serves as the principal medium of waste products of tissue metabolism. Its composition varies from day to day. These variations are the result of differences in the character of and quantity of food taken, the amount of physical and mental exercise and difference in temperatures of the air.

Normal urine has a straw or yellow color, but varies from time to time from a clear to a brownish red. When the deviation from an amber color is long continued it indicates some perversion of health. A high color indicates concentration and an increase of solids and coloring matter; pale urine indicates low specific gravity and a small amount of solids and coloring matter and of neutral reaction. The urine varies in diseases according to the character of the disease. Under nervous excitement, as in hysteria, there is an increased amount of water and diminution of solids. In diabetes we have an increase of both fluids and solids. In febrile diseases the quantity of fluids is diminished but the quantity of pigment is increased, giving the urine a reddish color. In hyperemia of the kidneys the urine is red owing to the presence of blood pigment. Smokey urine always contains blood. Normal urine when allowed to stand becomes clouded from the growth of bacteria and from the presence of urates and uric acid, which are deposited as a sediment at the bottom of the vessel. If the urine is turbid when first voided indicates the presence of the phosphates. In order to decide the character of the deposit heat may be applied. If the turbidity disappears in the heat the deposit is due to the presence of the urates; if more pronounced it is due to the earthy phosphates or to blood or albumen. The average quantity of urine passed by men during twenty-four hours is 46 ounces, and that of women is about 36 ounces.

The secretion of urine is more rapid during the day to that of the night in the ratio of 2 to 1, but in old age and in cardiac and renal diseases the average may be equal or reversed. Albuminous and diabetic urine is altered in consistency when agitated, froths, and mucus and pus thickens the urine so that it will not pour out of the vessel as is the case with consistent urine, but clings to the sides of the vessel. Chylous urine has the consistency of cream. In fibrinous urine coagulation is of frequent occurrence.

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics" is only one dollar ($1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth avenue, Chicago.

Conspiracy to Steal the Kansas City Hospital.

There was recently a well-laid scheme by a few Kansas City doctors in league with the city physician to absolutely capture the City Hospital, bag and baggage for their own exclusive use, and to the exclusion of all other physicians whomsoever. And had it not been for the timely aid of a few disinterested doctors the plot would have succeeded. The ordinance, the conspirators tried to railroad through the council without debate, provides that there be a board of eight medical and surgical clinicians, to be appointed by the city physician for a period of three to six years, and to have exclusive control of the City Hospital patients for clinical purposes. The patients are to be exhibited to the medical students of all the colleges at the rate of $5.00 for each student for a season ticket. The slate is already made up, and only two of the five Kansas City, Mo. colleges are represented. Thus it is sought to foist a non-member of the faculties of the other three colleges upon them as their teachers. In case the scheme carries it is not stated as to who shall conduct the examination of students and sign their diplomas—the usurpers or the regular faculty. Another clause in the ordinance provides that no other physicians can be permitted to enter the sacred precincts of a hospital ward without a ticket of admission signed by the city physician and counter-signed by the comptroller. So to gain admittance you will have to hunt up the city physician and either beg or buy a ticket, and then go down to the City Hall, three miles distant, and get it countersigned by the comptroller. There are some things, however, you will not have to do. It does not require the seal of the city to be stamped on the ticket, nor the confirmation of the mayor and city council. After you get your ticket it lets you in only once, "For this day only," "No season tickets allowed," "Not transferable;" and probably they have to be punched (or the bearer does) to show the ward of your destination and how much baggage you carry. If tickets are lost or destroyed there is no provision for a duplicate, not even if you should offer bond with security to make good the loss. Family tickets are not to be allowed and babes in arms not admitted. No length of time is specified as to how long a doctor may remain inside, but probably only a few minutes—long enough to look at the scenery and inhale the incense or iodoformic aroma peculiar and invigorating to a doctor. While there he must conduct himself with gentleness and propriety so as not to offend the powers nor wrinkle the brow of the city physician, who may consign him to outer darkness. Now this gigantic trust proposes to charge students $5.00 a season for seeing the clinical circus. A new ampitheatre is being built for the purpose. The city physician as ringmaster, and his staff are to exhibit the animals and freaks to the hungry audience for a consideration. Think of it, free American citizens forced by the trust, exclusively, to exhibit their nakedness, and deformities, and disease to a public audience for a price! This is indeed a trust for the barter and sale of sick folks for exhibition and carving purposes. There is said to be a coffin trust. There may yet be a trust upon traffic in dead bodies, but who would have thought it possible that any one would be rash enough to attempt to form a combine to traffic in the pauper sick of a public charity hospital, supported by taxation. And what is worse the scheme may go through! If so, greater than Czar or Mikado is the city physician. Poorer than the poorest are his patients. While the rest of the doctors are not in it.

Following is a copy of "An Ordinance Establishing Clinics at the City Hospital to be Open to Medical and Scientific Students upon the payment of Five Dollars per Term."

Be it ordained by the Common Council of Kansas City:

SECTION I. That the city physician be and he is hereby authorized and directed to provide and furnish clinics at the City Hospital to be open to medical and scientific students for a term of six months, beginning September 15, of each year and ending March 15, of the following year; for which ad-

mission tickets, signed by the city physician and countersigned by the city comptroller shall be issued by the city physician upon payment of the sum of five dollars for each ticket. The said clinics shall not be held oftener than three times each week by a staff consisting of eight members, who shall be appointed by the mayor, with the advice and consent of the city physician, for a term of three to six years, that is to say four of said staff to be appointed for three years and four to be appointed for six years.

SEC. II. The clinical staff herein provided for shall consist of three surgeons, two physicians on the general theory and practice of medicine, one on nervous diseases, one oculist and aurist, and one homeopathist. All of said members of said staff to serve without compensation from the city, provided, however, that neither said staff nor any member thereon shall have any jurisdiction or access to the various wards of the City Hospital, except upon the invitation of the city physician. The members of said staff shall hold their places until their successors shall be appointed, and shall not be removed except for cause.

Section III provides for turning over the funds to the city.

SEC. IV. It shall be the duty of the steward of the City Hospital to see that no one enters said clinics (except employes of the medical department of the city) who is not provided with a ticket, properly issued and signed by the city physician and countersigned by the city comptroller.

This apears to be the most diabolical attempt ever made to capture a city hospital, when it is known that the slate was already made up before the ordinance was introduced.

Following is the acount of the matter in the *Kansas City Times*, of Saturday, September 25.

That cute little scheme, fathered by City Physician Coffin, whereby that astute gentleman, who never overlooks any bets, hoped to get a double-looped cinch on the City Hospital clinics, seems to have died in drawing its first breath. At first blush the full scope and extent of Dr. Coffin's modest little plan providing for a clinic fee of $5 and a few other things did not appear to be comprehended by the physicians at large. But they finally caught on, and when they did, they rose up as one man to protest.

Dr. Coffins neat little scheme first claimed public notice in an ordinance presented to the council by Alderman Sedden. This seemingly innocent measure provides for the appointment by Dr. Coffin, of course, of four of the members of the City Hospital clinic for six years each, and the other four members for a term of three years each. The city physician is himself appointed for a term of two years only, and Dr. Coffin will have served out his term next spring. He now has the naming of the clinical staff, but the time for which he appoints its members does not extend beyond his own term of office. So, when the proposition was advanced that Dr. Coffin should name men to remain in office long after he would have become an "ex," it raised a chorus of objection, which swelled into a lusty roar as each physician comprehended and added his voice to the general wail.

These objections, however, have gotten beyond the roaring stage. They have taken the form of hot speeches, vitriolic resolutions, and lastly, a delegation of physicians waiting on the committee, in whose hands rests the now famous Coffin ordinance, to demand the instant death of the measure by strangulation.

The fun began when the faculty of the Kansas City Homeopathic Medical College held a meeting Thursday night, and, after making an unusually large number of remarks relative to Dr. Coffin and his "plan," the faculty adopted and sent to the hospital committee the following resolutions:

"Whereas, It has come to our knowledge that the city council has under consideration an ordinance regulating the clinical work at the City Hospital for the benefit of the various medical colleges of this city.

"Whereas, We believe that each college should have a fair representation in the conduct of this clinical work, and in justice to students attending these colleges; therefore be it

"Resolved, That we protest against any

ordinance which would not give to each college equal privileges for hospital clinics, or which would practically exclude physicians appointed by the several colleges, from conducting these clinics.

"Resolved, that we protest against any person being appointed for more than one year.

"Resolved, That we request the honorable Council to adopt an ordinance governing the hospital clinics for the purpose of instructing medical students, by which each college faculty shall have the privilege of appointing a member of this body to conduct a clinic who shall enjoy equal privileges with those of other colleges."

The Jackson County Medical Society also discussed the Coffin plan Thursday evening, and the sentiment was almost a unit in disapproving Dr. Coffin's scheme. It is stated that at its next meeting the society will adopt resolutions requesting the hospital committee to report unfavorably on the ordinance.

Thirty of the most prominent physicians in the city, among them Drs. Porter, Shauffler, Cordier, Neumeister, Sloan and Brummell Jones, appeared before the hospital committee of the Upper House yesterday afternoon and registered their emphatic disapproval of the Dr. Coffin idea. The session was lively and interesting, full of peppery remarks and superlative adjectives, which must have made Dr. Coffin's ears burn. At the close of the session the delegation of thirty appeared to have all the better of the argument, and it is probable that as a result, Dr. Coffin's ord nance will not again see the light of day.

Before the hospital committee yesterday afternoon Dr. Joseph Connell, of the Woman's Medical College, quoted statutes to show that the ordinance would be unconstitional.

"As for the charge of $5 per term of six month for attendance at the clinic, it is outrageous," said one physician. "Many medical students are generally without means beyond the bare cost of of a course in college, and a large percentage of them can hardly afford that. To exact of them $5 for attendance at a public hospital clinic for a term is imposing a hardship on the students for which there is no excuse. It has not been done in former years, and there is no reason for it now."

Dr. W. F. Kuhn and Dr. A. E. Neumeister also addressed the committee. They protested against the proposed appointments for three and six years.

"After hearing those physicians talk I'm in favor of letting the present arrangement continue," said Alderman Seddon at the close of the meeting.

The committee has not decided what its report will be, but should it recommend the passage of the ordinance in its present form the Council will doubtless hear from numerous other physicians.

The Dietetic Treatment of Diabetes.

Medical Record.

Dr. Robert Saundby of Birmingham, England, opened the discussion upon this subject. When the diagnosis of diabetes mellitus has been established, he said, sometimes when only the presence of sugar in the urine has been detected, it is the very general practice to place the patient upon a so called "diabetic diet." That is to say, he is furnished with a list of permitted and forbidden articles of food and drink arranged upon the principle that all carbohydrates are injurious, and he is told that he must keep to this diet until the sugar has disappeared from his urine. But carbohydrate food is not the only source of sugar. In severe diabetes glycosuria continues, although much reduced in amount, when the patient is placed on a flesh diet, and this is explained by the discovery that a carbohydrate molecule is formed in the process of converting albumin into urea, in the proportion of forty-five per cent. This fact duly appreciated, must convince every one of the futility of persisting in with holding carbohydrates in the hope of removing the glycosuria. If it is conceded that the disputed data of physiologists do not afford a sound basis for our treatment

of diabetes, but that we must look to clinical results before we say that a means is good or bad, then the old routine method is doomed. Instead of ordering a stereotyped diet in every case, we must try experimentally in each individual how much carbohydrate, or rather what combination of proteid, fat, and carbohydrate gives the best result. This was the method which the speaker would advocate, and it had been adopted solely upon the basis of clinical experience. The method, he said, does not involve a great sacrifice of time on the part of the doctor, in fact, all the most important observations can be made and a register kept by the patient himself. The only thing he cannot do is the analysis of the urine. The patient should once weekly get weighed, and collect and measure the whole of his urine for twenty-four hours; a specimen of the urine should be sent to the doctor, who should determine the total amount of sugar. Of these observations, the body weight is the most important, for if it continues to be stationary or tending upward, we have the best proof that the diet is properly regulated, even though the sugar shows a moderate increase. In order to determine the diet most suitable to each pationt we must proceed experimentally, and this is better done by gradually increasing the amounts of saccharine and starchy food. Many patients suffer from polyuria and great thirst, and these symptoms can best be checked by strict diet for a limited time, combined, if necessary, with the administration of a grain or two of extract of opium every night. Further, the result of strict diet affords valuable information for prognosis, as it is only in the milder cases that the sugar disappears under its influence. The patient should, if possible, make one meal — for example, breakfast, — of fat bacon or eggs and bacon, with which he may eat cabbage and starchless, not gluten, bread or biscuits. He is, of course, allowed other green vegetables, any animal food, tea or coffee, with cream, and, if he desires it, two to three ounces of sugar-free alcohol, with mineral water. When after a week of this diet the sugar is found to have disappeared entirely, or almost entirely, six ounces of baked potatoes and one and one-half pints of milk, containing between them the equivalent of about eleven hundred grains of sugar, may be added. If this causes no glycosuria, four and one-half ounces of dry toast, of which about eight hundred grains are starch, may be given, as also a bottle of light wine containing very little sugar, such as ordinary Bordeaux or Moselle, or in some cases a pint of bitter Burton ale. If such a diet causes no return of symptoms, the doctor may be satisfied and the patient is generally contented, and if sugar continues to be absent the quantity of toast or bread may be gradually increased to double the amount. Such cases are, however, exceptional. As a rule, the sugar, though diminished, persists. In such a case we may give first the milk and then the potatoes, and if there is no return of distressing symptoms we should not retrace our steps because there is some moderate increase of sugar, but watch the body weight. If that shows no loss, we may keep the patient on this diet for many weeks before venturing to make a trial of ordinary bread, often the patient has to be content to do altogether without it. The speaker preferred to increase the potatoes, for he was of the belief that the starch of cereals is for some reason more productive of glycosuria than that of potatoes.

Discovery of the Microbe of Yellow Fever.

The Charlotte Medical Journal.

Sanarelli claims to have isolated the germ of this disease. He calls it provisionally the "bacillus icteroides," and says it must be looked for in the blood and tissues and not in the intestinal canal, in which, indeed, he has never encountered it. Its isolation is for stated reasons possible in only about fifty-eight per cent. of cases. These reasons are that in the beginning of the disease it multiplies very little in the human organism, a very small quantity of its toxin being sufficient to provoke in man the worst type

of the disease, and that its toxin facilitates in an extraordinary manner every sort of secondary infection. The bacillus is a little rod with rounded extremities. It is best obtained by placing a fragment of the liver of a fresh cadaver in the incubator at 37 deg. C. for twelve hours. Cultures on agar-agar grow in the incubator at 37 deg. C. present an appearance that does not differ from that of many other species of microbes. But if these cultures are allowed to grow at a temperature of from 20 deg. to 22 deg. C. they appear like drops of milk, opaque, projecting, and with pearly reflections; in fact, quite distinct from those grown at 37 deg. C. This peculiarity is specific, and by this means a bacteriological diagnosis may be made within twenty-four hours. The microbe is a facultative anærobe, and is pathogenic for many of the domestic animals. The virus injected into the vein of a dog produces results which clinically resemble closely the symptoms of human yellow fever, and the lesions found after death are almost identical with those observed in the human cadaver; there is intense fatty degeneration of the liver, severe fatty degeneration of the kidneys, with the lesions of acute parenchymatous nephritis, and the lesions of intense gastro-enteritis. The patient with yellow fever is menaced by three imminent dangers:

1. Specific infection with the virus of the "bacillus icteroides."
2. Secondary septicæmia.
3. Renal insufficiency.

The "black vomit" is due to the action of the gastric acid upon extravasated blood in the stomach, and the vomiting itself is provoked by the emetic action of the toxins of the "bacillus icteroides" circulating in the blood.

The disease may be transmitted experimentally even by the respiratory tract to rabbits and guina-pigs, so it is possible that the contagion may be transmitted to man by means of the air.

The virus possesses those chief pathogenic properties.

1. The steatogenous: the intense fatty degeneration of the liver cells produces an obstacle to the free course of the bile and favors its resorpsion—hence the jaundice.

2. The congestive and hæmorrahage producing properties—hence the black vomit and other hæmorrhages from mucous membranes, and the vascular congestions which are the cause of the headache, backache and liverache.

3. The emetic properties.

The toxin obtained by filtering cultures in broth twenty to twenty-five days old was found to reproduce in the dog the same symptoms and lesions as the virus. Five injections of sterilized and filtered cultures were made under the skin and into the veins of man, and produced typical yellow fever. He made a curious and original observation which seems to explain the mysterious longevity and resistance of the "bacillus icteroides" on board ships—especially old, rotten and badly ventilated ones. The microbe is often incapable of multiplying on a layer of common gelatin; but if a mould is made to grow in its vicinity, scarcely has the mould begun to grow when little colonies of "bacillus icteroides" spring up around it. He suggests that in localities where yellow fever takes hold with great vigor there may possibly be a mould, hitherto unrecognized, which favors the growth of the microbe. Moisture with heat represents the best condition for the formation of moulds, aud moulds are abundant in old damp and badly ventilated ships.

Another point of interest is the longevity of the bacillus in sea water which might help to explain the tenacious persistence of yellow fever in maratime localities afflicted by the presence of its specific agent. Finally, the hope is expressed, that it will soon be possible to apply to man a specific preventive and curative treatment.

The High-Altitude Treatment of Tuberculosis.

Medical Record.

Dr. von Ziemssen read the first paper of the day. Looking back over the history of tuberculosis, he said, we see a motley con-

glomeration of methods of treatment, for during the present century almost every year has brought with it a new remedy. All these have now been discarded and but two agents remain to be considered, namely, tuberculin and climate. In regard to the first, the "specific" treatment, there is little to say. Koch's old tuberculin has been forgotten, the value of the new has not yet been proven, and most people already doubt its efficacy. In speaking of tuberculosis, he said, he meant particularly pulmonary tuberculosis; other forms, such as lupus, have, without doubt, been cured, but for the pulmonary form, the most frequent and, therefore, the most serious, nothing really has been done. The complexity of the lesions make a cure by means of a specific seemingly impossible. Other forms have their specifics, for tuberculin will often cure lupus, and iodoform will often cure lupus, and iodoform will cure tuberculosis of the joints, but as yet we have no specific for tuberculosis of the lungs. There remains, therefore, only the climate treatment. As far back as we can see in the history of medicine fresh air has been one of the requirements in the treatment of tuberculosis, but it is only of late that the advantage of high altitudes, at least for many cases, has been clearly demonstrated. That tuberculous patients can get a quantity of fresh, pure air in these regions is evident to any one visiting the places. On the mountains in the center of Europe, mountains covered with snow during the entire winter, one can see patients sitting in the sun drinking their morning coffee, with snow all around them, yet the sunbeams are so warm and pleasant that they are perfectly comfortable. But the fresh air that surrounds them is not all; the altitude brings about an excitation of the blood-making organs that increases the corpuscular elements in the blood. Even in health this reaction takes place, but not so markedly as in diseased states. There are contraindications to high altitudes which prevent us from sending all patients there. A tuberculous patient with fever should never be sent to a height, for he will certainly become worse and the fever will be increased. Almost always patients without fever do well, though they sometimes find it difficult at first to acclimatize themselves. If the fever is due wholly to the presence of bronchitis or pleurisy, it does not act as a contraindication.

The best results are obtained when the patient is sent to a place near his own home, for a long journey is always depressing, and the comfort of seeing friends, especially to a sick man, is very great. The stage of the disease must be taken into account in deciding this matter. If the case is much advanced, the patient should be kept as near home as possible.

The speaker took up the subject of sanatorium treatment for the poor. He feared the number of the rich is too few to build sanatoria for all the world, but that should not paralyze all effort, for every case cured and every case isolated are steps toward the conquest of the disease.

Effects of Caustics on the Uterus.

The Charlotte Medical Journal.

Hofmeyer in the Edinburgh Medical Journal reports a case where a 50 per cent. solution of chloride of zinc was injected into the uterus. The nozzle of the syringe was very fine, almost as thin as that of a morphine injector, and the os had not been dilated before treatment. The patient walked home, but died with symptoms of acute peritonitis within 12 hours. The body was disinterred for a judicial necropsy 20 days later. There was no doubt strong evidence of peritonitis; the serous investment of the uterus and its serous folds were inflamed. On the other hand, though the endometrium was treprefented by an eschar, there was no such appearance in either Fallopian tube. Hence the inflammatory process had extended through the uterine wall, whilst none of the fluid caustic had passed along the tubes. Hofmeyer condemns the chloride solution; he even thinks that it acts as a poison. He refers io Duhrssen, who advises its application by means of a Playfair's probe, but Hofmeyer finds that most

of the caustic on that instrument is lost on the cervical mucosa; for that reason the advocates of chloride erroneously believe that it can be freely applied to the endometrium with impunity. A needle-like nozzle should not be recommended for intrauterine injections, as it encourages the evil practice of injecting without preliminary dilatation of the cervix. Much can be injected through a fine nozzle, but that much always escape freely through the os, and the os internum may contract behind it. By dilating the cervix, using a syringe with a fair-sized nozzle, making sure that the fluid can escape from the cervix, and keeping the patient in bed, strong caustics may be used with advantage. Brose thinks that even with these precautions intrauterine injections of any fluid may set up perimetritis. Schroeder recorded that complication when only solutions of tincture of iodine had been employed. He advises that a Playfair's probe be used for the application of the chloride solution, which in particular should never be injected. In leucorrhea, and even gonorrhea, the cervix should be treated first. Duhrssen, on the other hand, is in favor of the injection of strong caustics, but he insists on washing out the uterus, with water both before and after the injection of the caustic. He packs the uterus with iodoform gauze on the day before cauterization, so that the cervix is dilated, and in consequence the action of the caustic will be less painful. Sanger condemns both the 50 per cent. solution of chloride of zinc as injection and Dumontpallier's treatment with crayons of that salt. The chloride is an excellent therapeutic agent, but should be used like nitrate of silver and applied by aid of an ordinary caustic holder. Strong solutions of other salts should be applied in the same way, but never injected. Labusquiere notes that Worth and others have recently shown that destruction of the endometrium may not necessarily cure even pure endometritis. In a case where after the use of Dumontpallier's crayons the uterus was removed, it was found that in place of the echar was a perfectly reproduced endometrium. Unfortunately its pathological changes were reproduced as well. Hence much remains to be learned about the national treatment of endometritis.

Removal of Coal and Powder Stains From the Cuticular Integument.

By Geo. W. Miel, M.D., Denver, Colo., in Denver Medical Times.

In coal and black powder disfigurement, to speak with precision, we have not to do with stain. Stain is an effect of some agent in solution, and coal and black gunpowder are insoluble. Under influence of moisture, however, they atomize, and, as in mixture, held or kept in certain suspension or relation, appear to be in solution; hence the term coal stains; powder stains. This appellation is responsible for the several so-called solvents suggested for the removal of powder stains, among them ammonia, peroxide of hydrogen, papoid, etc.

Removal of black gunpowder from the soft tissues by either peroxide of hydrogen or papoid could only be effected by acting upon the tissues of secretions embracing and surrounding each grain; therefore mechanically.

To remove powder grains by injecting peroxide of hydrogen beneath, by means of a hypodermic syringe, is to remove the grain mechanically, to wit, by leverage, by washing, or by elevating force generated through oxidation of pus where that be present. This is practically equal to the common practice of picking out grains with a needle or knife-point.

Papoid, if of any service in the removal of powder grains, must act at an inflammatory stage, upon soft fermenting tissues which include the grain.

I am of the opinion, therefore, that in the removal of powder and coal particles or atoms from the cuticular integument, we call to our aid some mechanical means. Powder may be so superficially imbedded as to admit of its being brushed out with a stiff brush. Again, it may be somewhat deeply imbedded and remain unchanged, in which case it may be brought away together with

the superficial skin by means of a steel brush. A steel brush ink-eraser, of which there are numerous patterns, which admits of loose or close separation of the steel fibres, could be used for this purpose.

Retained in the soft tissues, eventually under several appreciable influences, either coal or powder atomize and diffuse, which change, again to be precise, precludes the term mark, as applied to this disfigurement; hence, rather than stain or mark, where coal or powder atomize in the superficial tissues, coal or powder disfigurement seems more applicable. Diffusion should be anticipated in dealing with a new and deep coal wound of the face, and all soil removed primarily by scissors or curette.

I have occasion to bring this matter to your attention, more particularly because of having attained an unusually good result of a surgical procedure in an unusually marked case of coal disfigurement. This patient, a coal miner, in tamping, exploded a blast prematurely, and while his chest and arms were peppered deeply with coal, his face took the brunt of the explosion, sight for a time being imperiled, necessitating the close attention of the ophthalmic surgeon. Out of the necessities of the case I evolved a plan of surgical procedure, also applicable to powder disfigurement, that gave both the patient and myself great satisfaction. During the few days following injury, while the face was greatly swollen, except by washing, no special effort was made to relieve the almost generally blue discoloration of the face, though pieces of coal here and there were picked out with view of lessening inflammation and subsequent deep discoloration. When inflammation was materially reduced, and before healing was complete, the patient was placed upon the operating table and brought under anæsthesia. His face was then curetted with a sharp uterine spoon curette of medium size. The cutting edge of the curette had necessarily to sink deeply into the soft tissues of the face through the true skin, and it was designated that short scraping strokes should leave intervening skin; in any event true skin Effort being made for effective, yet only partial removal of the discolored tissue at this time; a second, or cosmetic operation following at a convenient day.

To facilitate removal certain system was observed; one site or area dealt with at a time, and for obvious reasons the most difficult sites, as the eyelids and ears, were cared for first. When it was possible and advisable as about the eyes, the tissues to be curetted were drawn upward or downward, that they might thinly overlie bone and offer better resistance. A warm alum solution was kept at hand, that free capillary bleeding might be staunched, and observation and action facilitated. The entire face having received this treatment, final procedure was left for subsequent operation.

It will be observed from the nature of the curette incision—allowing retention of intervening skin—that in so general removal it was designated new skin should cover the part denuded, after which the part from which it emanated was itself subsequently removed to cover anew.

The second or subsequent operation, then, is intended to clear off the discolored tissue intentionally left after primary operation, and clean up the face. No scars followed these procedures, and this patient's face presented nothing worse than appearance of moderate freckle.

A moderate facial area of coal or powder tissue discoloration can be removed by curette after inducing local anæsthesia. The curette is designed to cut just below the tissue involved, effecting clean removal. Erasure by steel brush, as a more superficial procedure, though a good measure, is apt to be less effective.

Instinctively our eyes turn to and are attracted and fastened upon disfigurements of the face; their removal in the majority of instances is a matter of considerable importance.

Chorea Minor.

From "Practical Notes" in Pediatrics.

Use the following as a sedative and antispasmodic for children of 5 to 10 years.

℞ Lactophenin, 0.15.
Quinin. hydrobrom, 0.15.
M. Ft. chart. takes No. X.
Sig. Take one powder three times daily.

For children of 10 to 15 years of age use:

℞. Lactophenin, 0.8.
Quinin. hydrobrom, 0.8.
Butyr. cacao, 10.0.
M. Ft. suppos. takes No. V.
Sig. Use one suppository at bed-time.